

Strengthening Minds. Uplifting Families.

Climbing Toward Mental Health



Our first ever placement was dropped off at our house after dark. The case worker didn't have much information but said that she was 15 years old, neurodivergent, and suffered from seizures. She ambulated with a walker and sometimes wore a helmet to protect her head during her episodes. We brought her into the house and, in the first hour, she had what appeared to be a tonic clonic seizure at the dining table. After she went to bed that night, we barely saw her during the next 72 hours; she did not want to come out of her room, did not want to eat, and was not communicating much at all. Slowly, over the next couple of weeks, we saw each other more and got to know each other better. As we learned more about her personality and her home situation, we started to wonder about her mental health as a contributing factor to her physical health. It was clear that all the focus had been on her tics and seizures, but none of the attention had been paid to the underlying malnutrition, stress, trauma, and chaos that she'd lived

through. We gave her nutritious foods, taught her about the importance of drinking water, and showed her the fundamentals of hygiene.

As time passed and trust and openness evolved, we did not think that she needed a walker, helmet, or medications. We casually gave her incrementally difficult physical challenges, which she was always able to complete. Eventually, we decided to try rock climbing—she was afraid at first and had very little strength. Over time she became more comfortable and climbed higher with increasing ease. We took her back to the neurologist twice and spoke to him on the phone after hours. Luckily, he was very receptive to hearing all that we'd observed, and after 4 months he changed her diagnosis to a mental health disorder so that we could pursue appropriate psychological treatment.

We talked with her about feelings and moods and how sometimes what's going on in our mind can affect how our body functions. We discussed how there is no shame in taking care of our minds—just like we take care of our bodies without shame. She began to see a psychologist who helped her open up, be less numb, and begin to process some of her trauma. The walker was put away permanently. The medications were stopped. The doctor appointments were cancelled. The school aide was sent to work with another student. The tics disappeared. She never had another seizure. She began to heal.

She has been with us for more than 8 months now and we still regularly talk about how important it is to express our feelings, recognize our moods, and tell other people what our needs are...but most of the time she is a typical teenager who enjoys devouring TikTok and YouTube videos. She loves to wear crazy outfits and try different makeup styles. She is funny and smart and is well-liked by everyone at school. She has big plans for her future. She eats lots of fruits and vegetables and stays hydrated without prompting from us. She goes on daily walks in nature. She has learned some yoga. And she climbs rock walls like a champ.



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